

# Transsexuals In Prison

1994 AUGUST -- SEPTEMBER -- --OCTOBER-- -- NOVEMBER -- DECEMBER.

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The following person are to be given great appreciation for their work on this and all of the newsletters that have been published;

**FOUNDER AND FORMER CHIEF EXECUTIVE OFFICE:** M. J. Ashford (Frank)

**CO-FOUNDER AND EXECUTIVE DIRECTOR:** Lynn Maine Scribner.

All thought they no longer are a functioning part of Transsexuals In Prison there are still very much Transsexuals' In Prison's main core of complete dedication to the struggle for freedom and oppression of the Transsexual Offender.

\*\*\*\*\*  
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\*\*\*\*\* (TRANSEXUAL'S IN PRISON, Inc.) \*\*\*\*\*

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## TRANSEXUAL'S IN PRISON POLICY AND STATEMENT.

Transsexual In Prison, Inc. is a National and international Networking newsletter organization for and about the Transsexual Prisoner. As well we are an information referral service for those organizations in Society that are for and about the Transsexual Community as a whole. Our purpose is to work with the Gay, Transgender, and Transsexual communities in order to provide an understanding of the incarcerated transsexual., as well as to assist those transsexuals and others of the Gay Community upon their release back into society, as well, as assisting them while the are incarcerated in issues of Education and Discrimination against them from State and Federal Facilities. Please be understood we have **NO POLITICAL AGENDA**, our only agenda is to educated the community as best as we can from this vantage point.

Transsexual's In Prison is a non profit organization, and therefore operated on each of it's individual member's persona budget. Any donation that are sent to T.I.P., Inc is however greatly appreciated, however, it is up to the Members of the Ten Regional Office, the Director of Counseling, and the Office of the Director of Distribution if funds are accepted for the future work of T.I.P., Inc. (some contributions may be considered as tax deductions please check with your tax consultant concerning this matter. Furthermore, T.I.P., Inc is not a mail forwarding service for offender correspondence all correspondence is to be directed to the appropriate individuals, and those requesting FN BAL-SERVICE should contact Rev. Prowett or Mrs. Fisher above for further infor.

Thanking you in advance;  
Ms. Vanessa Meriwether  
Chief Executive Officer, (CEO)

# The National Gender Dysphoria Organization

## Nature:

The N.G.D.O. is a non-profit, support/anti-discrimination organization for the gender dysphoric community, cross-dressers and transvestites. The N.G.D.O.'s target group is the gender dysphoric male and female. The N.G.D.O. is your *Key To Freedom*. Together we stand, divided we fall.

## Services:

The N.G.D.O. publishes a newsletter, *Key To Freedom*. We offer referrals to compassionate psychiatric social workers, psychologists, endocrine management physicians and competent gender reassignment surgeons. We sponsor support groups for gender dysphoric persons, cross-dressers, transvestites and parents. The N.G.D.O.'s support groups are separated as to sexual orientation. We

also offer an anti-discrimination committee, with referrals to an attorney.

Members names and addresses are confidential and will not be released without your permission. All support group meetings are held at a safe location.

## Definitions:

**Gender Dysphoric** – behaviorally, it is the act of living and passing in the role of the opposite sex, before having attained a hormonal, surgical and legal gender reassignment; *psychically*, it is the condition of people who have a conviction that they belong to the opposite sex and are driven by compulsion to have the body, appearance and social status of the opposite sex. They are not homosexual persons.

**Crossdresser** – behaviorally, it is the act of

dressing in the clothes of the opposite sex; *psychically*, it is the condition of feeling compelled to cross-dress, often in relation to sexual arousal and attainment of orgasm. An associated feature may be the presence of Sexual Masochism. This disorder has been described in heterosexual males and females.

## Transvestism –

behaviorally, it is the act of dressing in the clothes of the opposite sex; *psychically*, it is the condition of feeling compelled to cross-dress, often to have sexual behavior with members of the same sex. They are homosexual males and lesbians, and don't have a compulsion for gender reassignment surgery.



CUT  HERE

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### §3.17 Transsexuals

Transsexuals are people who have a long-standing desire to change their sex.<sup>246</sup> Many transsexuals seek surgery that will change their sex. There are a number of steps that an individual must take before most medical authorities will approve them for surgery. First, the person must live for a period of a year or more in the new sex. The person will then be administered hormones of the new sex. For example, male to female transsexuals will be administered female hormones that will cause them to grow breasts, inhibit male hair growth, and cause a redistribution of body fat. Often, other steps must be taken. Male to female transsexuals will ordinarily require electrolysis to remove facial hair. Female to male transsexuals will require mastectomy. Only after these steps have been taken will reputable authorities approve someone for gender reassignment surgery.<sup>247</sup>

If a person has gone through the entire reassignment process, that person should be treated as a member of the assigned sex. Thus, after surgery, a male to female transsexual should be confined in a women's prison and provided the hormones that continue to be necessary for good health. That is the policy of the Federal Bureau of Prisons.<sup>248</sup> There may also be cases in which someone who has not yet completed all surgery should be placed in a prison with other people of their assigned sex. For example, in *Crosby v Reynolds*,<sup>249</sup> a doctor insisted that a male to female transsexual who had not yet had final surgery, but who had been living as a woman for some years, whose body had taken on female characteristics, and who, with long hormone administration, had become impotent, be placed in a female prison. The doctor reasoned that the inmate's needs to live as a woman would be better met in the female prison, that management problems would be infinitely less than those that would occur by placing the totally feminine inmate in a male prison, and that no danger would occur to other women inmates. The doctor was correct in concluding that individual decisions should be made concerning assignment based on these factors.<sup>250</sup>

However, problems arise if the transsexual is incarcerated after beginning the process of reassignment but before it has been completed. In two reported cases, male to female transsexuals who had not yet had surgery were incarcer-

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<sup>246</sup> For an excellent discussion of transsexuality, see *Phillips v Michigan Dept of Corrections*, 731 F Supp 792 (WD Mich 1990), *aff'd without opinion*, 932 F2d 969 (6th Cir 1991). See also *Gender Dysphoria* (Betty Steiner ed 1985); Richard Green & John Money, *Transsexualism and Sex Reassignment* (1969); Harry Benjamin, *The Transsexual Phenomenon* (1966).

<sup>247</sup> *Gender Dysphoria* (Betty Steiner ed 1985).

<sup>248</sup> *Farmer v Haas*, 990 F2d 319 (7th Cir 1993).

<sup>249</sup> 763 F Supp 666 (D Me 1991) (the inmate's cell mate sued, objecting to having been housed with a man, but the court found that the doctor's decision was reasonable).

<sup>250</sup> All of the litigation in this area has concerned male to female transsexuals. As many as one-half of all persons seeking gender reassignment are female to male. *Gender Dysphoria* (Betty Steiner ed 1985). In those cases, some of the considerations may be different. For example, a female to male transsexual who has not completed reassignment could be still raped.

ated in male prisons in their mid-30s after living as women for approximately half of their lives.<sup>251</sup> As the doctor in *Crosby* noted, placing a totally feminine person in a male prison presents obvious and serious problems of protecting that person from unwanted attention.

There is no question that a genuine<sup>252</sup> transsexual has a "serious medical condition" that requires some treatment.<sup>253</sup> The failure to provide transsexuals with needed medical treatment caused at least two inmates to attempt self-castration.<sup>254</sup> There can also be no serious dispute that many prison officials, including the doctors, are ignorant about transsexuality and are often cruel to transsexual inmates.<sup>255</sup>

Pre-operative transsexual inmates have sought a variety of treatments, including female clothing, cosmetics, electrolysis, hormone therapy, transfer to a female prison, and surgery.<sup>256</sup> If the inmate is placed in a male prison, the courts have uniformly found that prison management concerns against having inmates appear feminine outweigh any medical need for female clothing or cosmetics.<sup>257</sup> The principal emphasis has been on continuation of hormone therapy begun prior to incarceration.<sup>258</sup> Every court has held that genuine transsexuals are entitled to some treatment for their conditions, but the courts have been divided on their ability to order hormone therapy.<sup>259</sup>

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<sup>251</sup> *Phillips v Michigan Dept of Corrections*, 731 F Supp 792 (WD Mich 1990), *affd without opinion*, 932 F2d 969 (6th Cir 1991); *Meriwether v Faulkner*, 821 F2d 408 (7th Cir 1987).

<sup>252</sup> Is it not always easy to determine if a person is genuinely a transsexual or if their desire for sexual reassignment is due to other gender dysphorias such as transvestism or due to other emotional problems. *Lamb v Maschner*, 633 F Supp 351 (D Kan 1986); *White v Farrier*, 849 F2d 322 (8th Cir 1988). The matter is complicated by more recent evidence indicating that people can become transsexuals in middle age. *Gender Dysphoria* (Betty Steiner ed 1985).

<sup>253</sup> *Phillips v Michigan Dept of Corrections*, 731 F Supp 792 (WD Mich 1990), *affd without opinion*, 932 F2d 969 (6th Cir 1991); *White v Farrier*, 849 F2d 322 (8th Cir 1988); *Meriwether v Faulkner*, 821 F2d 408 (7th Cir 1987).

<sup>254</sup> *Supre v Ricketts*, 792 F2d 958 (10th Cir 1986); *White v Farrier*, 849 F2d 322 (8th Cir 1988); *Farmer v Carlson*, 685 F Supp 1335 (MD Pa 1988).

<sup>255</sup> *Phillips v Michigan Dept of Corrections*, 731 F Supp 792, 800 (WD Mich 1990), *affd without opinion*, 932 F2d 969 (6th Cir 1991) (doctor subjected transsexual to "ridicule and offensive remarks"); *Meriwether v Faulkner*, 821 F2d 408 (7th Cir 1987). Prison doctors are not the only ones with prejudices when it comes to treatment for conditions involving sex. The Americans with Disabilities Act specifically exempts transsexuals, and other similar sexual conditions, from its protections. 42 USC §12211.

<sup>256</sup> *Lamb v Maschner*, 633 F Supp 351 (D Kan 1986); *White v Farrier*, 849 F2d 322 (8th Cir 1988).

<sup>257</sup> *Jones v Warden*, 815 F Supp 276 (CD Ill 1993).

<sup>258</sup> *Phillips v Michigan Dept of Corrections*, 731 F Supp 792 (WD Mich 1990), *affd without opinion*, 932 F2d 969 (6th Cir 1991); *Lamb v Maschner*, 633 F Supp 351 (D Kan 1986).

<sup>259</sup> Compare *Phillips v Michigan Dept of Corrections*, 731 F Supp 792 (WD Mich 1990), *affd without opinion*, 932 F2d 969 (6th Cir 1991) (hormones ordered) with *White v Farrier*, 849 F2d 322 (8th Cir 1988) (not ordered); *Supre v Ricketts*, 792 F2d 958 (10th Cir 1986) ("We are unable to conclude that federal law requires prison officials to administer female hormones to a transsexual inmate.") and *Meriwether v Faulkner*, 821 F2d

Those courts denying hormone therapy have relied on the general rule that the courts will not second guess medical decisions of prison doctors and that, if there is a disagreement among the medical experts, the court will defer to the prison doctor's opinion. The courts need to be sensitive to the fact that many people, including many doctors, are unable to unemotionally diagnosis problems relating to sex and erroneously still see this condition as a sign of serious psychiatric illness or as a desire for simple cosmetic changes. Expert opinion is unanimous concerning the essential nature of treatment for transsexuals. The better approach is to treat transsexuality like any other medical problem and to ensure that appropriate treatment, such as hormones, is provided.<sup>260</sup>

408 (7th Cir 1987) (not necessarily entitled to hormones); *Farmer v Carlson*, 685 F Supp 1335 (MD Pa 1988).

<sup>260</sup> *Phillips v Michigan Dept of Corrections*, 731 F Supp 792 (WD Mich 1990), *affd without opinion*, 932 F2d 969 (6th Cir 1991). The Federal Bureau of Prisons policy is to maintain an inmate at the stage of transition they are at when they arrive at the institution. *Farmer v Haas*, 990 F2d 319 (7th Cir 1993). This presumably includes the administration of hormones to those people who had been receiving them outside the institution.

<sup>261</sup> Colleen M. McCarthy, Note, *Experimentation On Prisoners: The Inadequacy of Voluntary Consent*, 15 *New Eng J on Crim & Civ Confinement* 55, 56-60 (1989).

<sup>262</sup> James Overholser, *Ethical Issues in Prison Research: A Risk/Benefit Analysis*, 5 *Behav Sci & the Law* 187 (1987).

<sup>263</sup> *Bailey v Lally*, 481 F Supp 203 (D Md 1979); *McCarthy*, *supra* note 261, at 55, 61; *Overholser*, *supra* note 262, at 187, 191, 193.

<sup>264</sup> *McCarthy*, *supra* 261, at 55, 64-65.

<sup>265</sup> *Id* 55, 60-65; *Overholser*, *supra* note 262, at 187, 191, 196.

<sup>266</sup> *McCarthy*, *supra*, note 261, at 55, 58, 61; *Overholser*, *supra* note 262, at 192-93.

<sup>267</sup> *Overholser*, *supra* note 262, at 188-89.

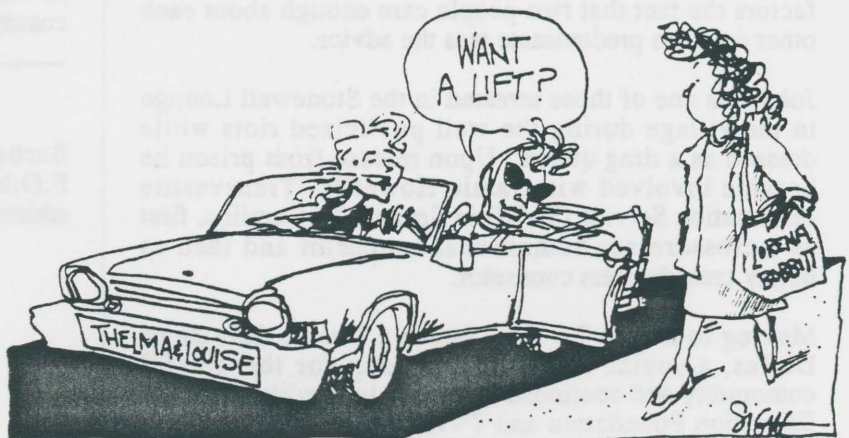


### Hopefully They're Pink Flamingos

At the Rotterdam Zoo in The Netherlands, two male flamingos have come together in a committed, loving relationship and have bred a flamingo chick. Apparently the two steal eggs from female flamingos and try to hatch them as their own. Zoo officials, feeling sorry for the birds, have provided them with a fertilized egg, which the pair hatched. They have faithfully stayed by their young and are raising it as their own.



“He’s been called a demagogue, a populist and a gadfly. What he is, is over.”  
—columnist Anna Quindlen on Ross Perot



Article from the Powder & Pearls

## *Powder & Pearls*

Newsletter Of The Memphis TransGendered Alliance

### FULL GIRL

The Story of Rev. John Prowett

Father John was recently awarded the Humanitarian Award from The Minorities Trust & Transcare of New Zealand. Rightly John should have been listed Category "A" in his award. Until now we were not aware that John is himself a well experienced member of both the gay and gender communities, well equipped and also experienced thoroughly enough to carry out his chosen role in life.

A Vietnam veteran, John was repatriated home along with another who became John's lover. John lived for 3 1/2 years as a TS in a loving relationship with this person. Just prior to the surgery John's psychiatrist brought home to John the bitter truth about their relationship. His spouse was gay and surgery would result in his losing his lover. Father John thus made a very big sacrifice to remain with the one that he loved. Tragically a few months later John's lover was killed in an automobile wreck.

John moved to New York where he became involved with several groups like STAR, (Street Transvestites Action Revolution) The Queens Liberation Front, and Lee Brewster's House parties and drag balls. John now consider himself a drag queen and because of a relationship developing with a black lover he sought help from Zelda Suplee of the Errickson Education Foundation's New York office. Regardless of other factors the fact that two people care enough about each other ought to predominate was the advice.

John was one of those arrested in the Stonewall Lounge in the village during the well publicized riots while dressed as a drag queen. Upon release from prison he became involved with Jamie Howell's "Transvestite Information Service (TVIS) in Spencer N. Carolina, first as a crossdresser homosexual counselor and then as bi/gay crossdressers counselor.

Moving to Dallas Tx, John began a Queens Service of Dallas, a social and support group for the TV/TS community and continued to be involved with Errickson Education Foundation and TVIS thru several articles in their newsletters.

"After a lot of harassment and problems with police in those days I moved to Los Angeles where I became the director for TV/TS people through the Gay Community Center when it was on Wilshire Blvd. I was know under the name of either John or "Rose Ann". The Community Center got me involved with doctors, lawyers, and I had to meet many business people at their offices. I quickly had to decided if I was to do this as John or Rose Ann. Rose Ann retired gracefully, and living as John now gave up crossdressing. BUT OH WHAT MEMORIES HE HAS"

In 1974 John moved to Chicago to be closer to his family in Michigan and while there ran Gender Services of Chicago for 10 years, doing referrals for TS people wanting hormones, electrolysis and surgery. Additionally he ran groups for TV's and TS's.

In 1979 John answered the call to the ministry and was ordained in 1985. As John puts it he wanted to show that one could be Gay or Bi, that one could be a CD or TS and still love God and be a Christian. A loving God does not condemn one for who they are.

After several unhappy break up's and becoming over involved in the Chicago Gay/Lesbian community John moved to Little Rock Ar. where he got involved in the Arkansas prison system working with Gay/Lesbian people and TV/TS inmates and started TRANSPERSONS ALLIANCE. It seemed at that time that the Gay/Lesbian political climate was on the decline in Little Rock and John moved to Memphis where he currently resides.

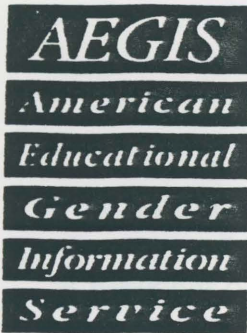
Today John is heavily involved in the TRANSEXUAL'S IN PRISON project, the Gay/Lesbian Center, the county jail, and local hospitals as an openly bisexual minister and has worked with several other people in getting various groups started. John was one of those involved in starting the Memphis TransGendered Alliance.

"I have gone from being a happily married wife to being a husband (now looking for a wife). I have done shows and worked as a prostitute both as a male and enfemme. (never arrested) I have gone from one needing help to being one who is now able to give help to others. I plan to continue to give help to my sisters in the gender community. I know what I went through years ago."

### NEW MAILING ADDRESS

Barbara Smith has generously offered the use of her P.O. box for the use of M.TG.A. The new mailing address for M.TG.A. is now as follows:

M.TG.A.  
P.O. box 11232  
Memphis Tn. 38111-0232



# Press Release

5/94 For Immediate Release

## Questionnaire on HBIGDA Standards of Care: Preliminary Results

Since 1979, the Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc. (HBIGDA) have served as minimal guidelines for the hormonal and surgical sex reassignment of persons with gender dysphoria. They are widely accepted by professionals around the world.

In 1993, AEGIS conducted a survey in order to determine the opinions of transgendered consumers to the Standards of Care. Our questionnaire was sent to subscribers to *Chrysalis Quarterly*, our journal, and was distributed by various support groups around the nation.

We have entered responses to 339 questionnaires into a computer database. Preliminary results were presented at the Eastern Regional Meeting of the Society for the Scientific Study of Sex (Quad-Ess) in Atlanta in April, 1994. Additional findings will be presented at the International Congress on Cross Dressing, Sex, and Gender in Los Angeles, California in February, 1995.

Our initial findings are that the majority of respondents: (1) identify as transsexual (for example, out of the total sample of 339, as many as 282 have been in or are currently in therapy because of their gender issues, 219 are crossliving, 252 have had or are having hormonal therapy, and 261 have had or plan to have sex reassignment surgery); (2) have heard of the HBIGDA Standards of Care (269 of 339, or 79.4%); and (3) believe that the Standards of Care serve a useful purpose (259 of the 269, or 92.6% of those who have heard of the Standards).

Those who are interested in obtaining a copy of the questionnaire and the texts of our presentations at Quad-Ess and the International Congress on Cross Dressing, Sex, and gender should send one dollar in currency, check, or postage stamps to AEGIS, P.O. Box 33724, Decatur, 30033. (Be sure to ask for the SOC survey results). The preliminary analysis will be mailed to you right away, and a more detailed report will follow in early 1995.

*We would like to take this opportunity to thank the many people who responded to the questionnaire and the gender programs and support groups which reprinted the questionnaire in their newsletters and/or distributed it at their meetings.*

A 501(c)(3) Nonprofit Corporation

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Executive Director

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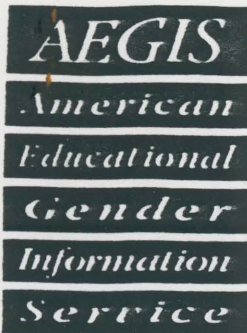
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*aegis* (e'jis), n. 1. in Greek mythology, a shield or breastplate used by Zeus and later, by his daughter Athena; hence, 2. a protection. 3. sponsorship; auspices.



# Press Release

5/94 For Immediate Release

## AEGIS Announces \$500 Award for National FTM Conference

The American Educational Gender Information Service, Inc. is pleased to announce an award of \$500 to a group which will provide a matching amount for purposes of conducting a national conference for female-to-male crossdressers and transsexual people.

AEGIS Executive Director Dallas Denny said, "We believe that our award will serve as a catalyst for a national conference for female-to-male persons. Such an event has been long needed. While most gender conferences are open to FTMs, the programming is usually geared primarily toward feminine self-expression. A conference for men will allow the the full expression of masculine energies, unconstrained by a model which originated to serve the needs of male-to-female persons. The fact is, there has never been a conference exclusively for FTM people, and the first one could take any form—a wilderness experience, for example. The possibilities are limitless. Quite literally anything could happen.

"We're very happy to be able to support the FTM community in this way. We have a very small budget, and quite frankly, we could use the money for other things we really need—but then again, the men need to have a space for themselves, and it's high time they had it. We're making this a priority. We're very committed to FTM people, and this is our way of acknowledging them.

"We are also doing an all FTM-issue of *Chrysalis Quarterly*, (our magazine) with Jason Cromwell serving as guest editor. We always welcome material about and by men."

### Conditions are as follows:

1. Applicant may be an already existing nonprofit organization, support group, or group of individuals or a nonprofit organization formed for the purpose of organizing an FTM conference. Individuals and for-profits may not apply.
2. Applicants must plan to have a national conference for FTM persons within eighteen months of the date of the award (before 8/1/96).
3. Applicants must pledge an equivalent amount (\$500) to serve as matching funds.
4. Applicants must reserve at least \$500 of profits of the first-conference for seed money for a future conference.
5. Applications must be postmarked by midnight, 12/31/94, and should be sent to AEGIS, P.O. Box 33724, Decatur, GA 30033.
6. Applications should be in narrative form.

**Timeline:** Applications Due 12/31/94 Monies Awarded 2/1/95 Conference By 8/1/96

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aegis (e'jis), n. 1. in Greek mythology, a shield or breastplate used by Zeus and later, by his daughter Athena; hence, 2. a protection. 3. sponsorship; auspices.

# BASICS

## TRANSSEXUALISM: SEX AND GENDER DILEMMA

TRANSSEXUALS ARE PEOPLE WHO HAVE THE GENDER IDENTITY (PSYCHE, MIND, OR FEELINGS) OF ONE SEX AND THE BODY OF THE OTHER. THE TRANSSEXUAL STARTS FROM DAY ONE APPEARING AS MEN OR WOMEN; BUT INWARDLY THEIR FEELINGS ARE IN TURMOIL.

TRANSSEXUALS OFTEN HIDE THEIR TORMENT, BUT ULTIMATELY THEY MUST CONFIDE THEIR INNERMOST THOUGHTS TO SENSITIVE PEOPLE WHO CAN PROVIDE USEFUL ADVICE, GUIDANCE AND INFORMATION.

- \* EMPATHETIC FRIENDS
- \* OTHER TRANSSEXUALS
- \* TRANSSEXUAL GROUPS
- \* GENDER IDENTITY THERAPISTS

IN ADDITION, TRANSSEXUALS TRY TO GAIN INFORMATION ABOUT GENDER IDENTITY FROM A VARIETY OF SOURCES:

- \* MEDICAL LIBRARIES OF MAJOR UNIVERSITIES (E.G., STANFORD, JOHNS HOPKINS)
- \* PUBLIC MENTAL HEALTH DEPARTMENTS AND GENDER THERAPISTS
- \* NEWSPAPER LIBRARIES OF MAJOR NEWSPAPERS
- \* PUBLIC LIBRARIES: USING THE READERS GUIDE TO PERIODICAL LITERATURE OR BOOKS IN PRINT WITH "TRANSSEXUALISM" OR "CHANGE OF SEX" LISTINGS
- \* NATIONAL AND LOCAL RADIO AND TELEVISION TALK-SHOW PROGRAMS ABOUT TRANSSEXUALISM
- \* HAIRDRESSERS, WIG SHOP SALESPERSONS, AND ELECTROLOGISTS

### THINK ABOUT IT !

SEX REASSIGNMENT SURGERY IS A LIFETIME COMMITMENT. BE VERY SURE BEFORE YOU TAKE THE FINAL STEP. CHANGING BACK IS NOT SUCCESSFUL. BE WILLING TO SPEND THE EXTRA DOLLARS FOR THE BEST AVAILABLE PROFESSIONAL HELP.

### BEING A TRANSSEXUAL IS NOT EASY

TRANSSEXUALS MAY BE LEGALLY OPPRESSED IN A NUMBER OF WAYS, FROM RESTROOM USAGE (A THERAPIST'S LETTER IS VERY HELPFUL HERE) AND JOB DISCRIMINATION TO TRAFFIC OBSTRUCTION (FOR JUST WALKING DOWN A STREET). A TRANSSEXUAL COULD BE CITED FOR DISTURBING THE PEACE IF SOMEONE STARTED A FIGHT WITH THE TRANSSEXUAL JUST BECAUSE THE TRANSSEXUAL'S ORIGINAL SEX HAD BEEN GUESSED.

### LEGAL CONSIDERATIONS

HAVE YOUR DRIVERS LICENSE, SOCIAL SECURITY CARD, CREDIT CARDS, AND INSURANCE PAPERS CHANGED TO YOUR NEW NAME BEFORE YOUR REASSIGNMENT SURGERY. CHECK WITH YOUR LOCAL LIBRARY, DEPARTMENT OF MOTOR VEHICLES, AND LAWYER FOR HELP. HAVE A DOCTOR'S LETTER EXPLAINING WHY YOU ARE LIVING FULL-TIME IN YOUR CHOSEN GENDER. ALL OF THESE MEASURES SHOULD HELP WITH RESOLVING YOUR DAY-TO-DAY PROBLEMS.

## *For All Those Born Before 1945*

### **WE ARE SURVIVORS! CONSIDER THE CHANGES WE HAVE WITNESSED!**

**W**e were born before television, before penicillin, before polio shots, frozen foods, Xerox, plastic, contact lenses, Frisbees, and the PILL. We were before radar, credit cards, split atoms, laser beams, and ball-point pens. Before pantyhose, dishwashers, clothes dryers, electric blankets, air conditioners, drip-dry clothes . . . and before man walked on the moon.

We got married first and then lived together. How quaint can you be? In our time, closets were for clothes, not for "coming out of." Bunnies were not Volkswagens. Designer Jeans were scheming girls named Jean, and having a meaningful relationship meant getting along with our cousins.

We thought fast food was what you ate during Lent, and Outer Space was the back of the Riviera Theater. We were before house husbands, gay rights, computer dating, dual careers, and commuter marriages. We were before day-care centers, group therapy, and nursing homes. We never heard of FM radio, tape decks, electronic typewriters, artificial hearts, word processors, yogurt, and guys wearing earrings. For us, time-sharing meant togetherness . . . not computers or condominiums. A chip meant a piece of wood. Hardware meant hardware, and software wasn't even a word.

Back then, "Made in Japan" meant junk, and the term "making out" referred to how you did on your exam. Pizzas, McDonalds, and instant coffees were unheard of. We hit the scene where there were 5 & 10 cent stores, where you bought things for five and ten cents. Sanders or Wilsons sold ice cream cones for a nickel or a dime. For one nickel you could ride a street car, make a phone call, buy a Soda or enough stamps to mail one letter and two postcards. You could buy a new Chevy coupe for \$600 . . . but who could afford one? A pity, too, because gas was 11 cents a gallon!

In our day, grass was mowed, coke was a cold drink, and pot was something you cooked in. Rock Music was a Grandma's lullaby and AIDS were helpers in the Principal's office. We were certainly not before the difference between the sexes was discovered, but we were surely before the sex change. We made do with what we had. And we were the last generation that was so dumb as to think you needed a husband to have a baby.

No wonder we are so confused, and there is such a generation gap!

— AUTHOR UNKNOWN

Credits: Aux National News.

A SHORT NOTE TO SAY A SINCERE THANK YOU TO VANESSA; REV. PROWETT;  
RONI; A. BEYER & DEE FARMER AND ALL OTHERS WHO HAVE CONTRIBUTED  
AND HELPED US IN THE WORK OF T.I.P. RESPECTFULLY; PATRICIA FISHER..

## PROFESSIONAL ESSENTIALS

### ELECTROLYSIS

(USUALLY FOR THE MALE TO FEMALE TRANSSEXUAL)

ELECTROLYSIS IS THE DESTRUCTION OF HAIR ROOTS WITH AN ELECTRIC CURRENT, AND IS PERFORMED BY A QUALIFIED ELECTROLOGIST. TRANSSEXUALS USE THIS METHOD TO RID THEIR BODIES OF UNWANTED HAIR (E.G., ON THEIR FACES). THIS HAIR REMOVAL PROCESS TYPICALLY REQUIRES 100 OR MORE HOURS. TO FIND A QUALIFIED ELECTROLOGIST, SEE THE TELEPHONE BOOK, YELLOW PAGES, OR ASK A FRIEND OR THERAPIST TO RECOMMEND ONE.

### THERAPY

THERAPY IS AN INTEGRAL PART OF RESOLVING TRANSSEXUALS GENDER IDENTITY DILEMMAS. TRANSSEXUALS SHOULD CHOOSE THERAPISTS WHO HAVE EXPERIENCE WITH TRANSSEXUALS, AND WHO FOLLOW THE HARRY BENJAMIN "STANDARDS OF CARE." THESE STANDARDS REQUIRE:

- THREE MONTHS OF THERAPY BEFORE REFERRAL TO A PHYSICIAN FOR THE BEGINNING OF HORMONE TREATMENT
- ONE YEAR OF WORKING AND LIVING 24 HOURS A DAY IN THE GENDER ROLE OF YOUR CHOICE

IF NECESSARY, THERAPISTS REFER THEIR CLIENTS TO OTHER PROFESSIONALS. THROUGHOUT YOUR TRANSSEXUAL TRANSITION, YOUR THERAPIST LISTENS TO YOU AND CARES FOR YOU. THE COST OF USING A THERAPIST IS GENERALLY DETERMINED BY THE AMOUNT OF EDUCATION AND EXPERIENCE THAT A THERAPIST HAS. A P.H.D. GENDER THERAPIST IS MORE EXPENSIVE THAN A MENTAL HEALTH SPECIALIST, BUT HAS FAR MORE EXPERIENCE TO DRAW FROM.

### HORMONE TREATMENT

HORMONE TREATMENT IS ANOTHER INTEGRAL PART OF MAKING THE TRANSSEXUAL TRANSITION. HORMONES CHANGE YOUR BODY'S CHEMISTRY, AND MUST BE ADMINISTERED UNDER CLOSE MEDICAL SUPERVISION. FOR THE TRANSSEXUAL, HORMONES ARE A LIFELONG NECESSITY-- EVEN AFTER THE REASSIGNMENT SURGERY, HORMONES WILL FEMINIZE OR MASCULINIZE YOUR BODY. YOUR HEREDITY FROM PARENTS OR GRANDPARENTS DETERMINES THE AMOUNT OF SUCH CHANGE.

**WARNING:** USING BLACK MARKET HORMONES CAN BE DEADLY!



### TRANSSEXUAL HOT INFO

- THE REASSIGNMENT SURGERY WILL NOT SOLVE ALL YOUR PROBLEMS-LIFE STILL GOES ON
- SET REASONABLE GOALS-DO NOT SET INFLEXIBLE TIME SCHEDULES
- THE EMOTIONAL PAIN IS FAR WORSE THAN ANY PHYSICAL PAIN INVOLVED
- REJECTION BY FAMILY AND FRIENDS IS VERY, VERY, PAINFUL! TRANSSEXUALS HAVE LOST THEIR FAMILY OR FRIENDS OVER TRANSSEXUALISM
- LOSING YOUR JOB IS QUITE POSSIBLE
- YOUR GOAL IS TO BLEND IN WITH THE REST OF SOCIETY
- YOU MUST UNLEARN MANY MALE OR FEMALE CHARACTERISTICS-THIS TAKES TIME, EFFORT, AND HELP FROM THERAPISTS, VOICE COACHES, AND OTHERS
- MALE TO FEMALE TRANSSEXUALS EXPERIENCE SOME 2ND CLASS STATUS AS A WOMAN
- FEMALE TO MALE TRANSSEXUALS EXPERIENCE GREATER AUTHORITY, AND SOME SURPRISE AS THEY ARE SUDDENLY LISTENED TO!

### PREPARATION FOR SURGERY

- \* BE IN VERY GOOD PHYSICAL AND MENTAL HEALTH
- \* LIVE IN THE GENDER OF YOUR CHOICE FOR AT LEAST 1 YEAR FOR 24 HOURS A DAY
- \* YOU NEED AT LEAST 2 REFERRAL LETTERS FROM THERAPISTS IN ORDER TO QUALIFY FOR THE REASSIGNMENT SURGERY
- \* STOP HORMONES 1 WEEK BEFORE SURGERY IF YOUR DOCTOR ADVISES IT
- \* IF POSSIBLE, MAKE PLANS TO STAY WITH A FRIEND FOR YOUR RECOVERY FROM SURGERY
- \* IF YOU ARE MARRIED, THEN A DIVORCE IS REQUIRED BEFORE SURGERY--CONSULT A REPUTABLE AND KNOWLEDGEABLE ATTORNEY



### THE REASSIGNMENT SURGERY

- \* THE SURGERY IS NOT A CURE ALL FOR MENTAL OR PHYSICAL DISORDERS
- \* IN THE UNITED STATES AND WESTERN EUROPE, THE OPERATION IS PERFORMED BY EXPERIENCED AND KNOWLEDGEABLE PRIVATE SURGEONS AND CLINICAL SURGEONS. AS YET THEY ARE STILL QUITE FEW IN NUMBER

### COSTS

- MALE-TO-FEMALE SURGERY RANGES FROM \$4,000 TO \$16,000 FOR THE SURGERY ALONE. THIS DOES NOT INCLUDE UP TO \$5,000 FOR ELECTROLYSIS AND THOUSANDS MORE FOR THERAPY, VOICE SPECIALISTS, AND CLOTHING FOR YOUR NEW SEX.
- FEMALE-TO-MALE SURGERY IS MORE COSTLY, AND RANGES FROM \$10,000 TO UPWARDS OF \$20,000.
- \* NEITHER SURGERY GUARANTEES COMPLETE SEXUAL PLEASURE IN YOUR NEW SEX.

### \* MALE -TO- FEMALE SURGERIES INCLUDE:

- PENECTOMY: REMOVAL OF PART OF THE TISSUE OF THE PENIS, REMOVAL OF THE TESTICLES, AND CASTRATION
- VAGINOPLASTY: CONSTRUCTION OF A VAGINA
- SKIN GRAFTS FOR A MORE AUTHENTIC FEMALE APPEARANCE

### \* FEMALE-TO-MALE SURGERIES INCLUDE:

- OVARIECTOMY: REMOVAL OF THE OVARIES
- HYSTERECTOMY: REMOVAL OF THE UTERUS
- MASTECTOMY: REMOVAL OF THE BREASTS
- PHALLOPLASTY: CONSTRUCTION OF A PENIS